



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection

103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

July 6, 2012

Ms. Jessica Jennings, Administrator
Saint Albans Healthcare And Rehabilitation Center
596 Sheldon Road
Saint Albans, VT 05478-8011

Provider #: 475021

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **May 22, 2012**. Please post this document in a prominent place in your facility.

We will follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - 01 BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 05/22/2012
NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 596 SHELDON ROAD SAINT ALBANS, VT 05478		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS An unannounced on-site Life Safety Code inspection was completed by the Division of Fire Safety on 5/22/12. The following are violations of Life Safety Code requirements.	K 000			
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure that fire doors are self-closing in one area of the facility. Findings include: Per observation on 5/22/12, accompanied by facility staff, the laundry room door is blocked in the open position.	K 029	St. Albans Health and Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiency. The plan of correction is prepared and executed solely because it is required by federal and state law. All residents have the potential to be affected by this deficient practice. The laundry staff will be educated on the importance of assuring that fire doors are self-closing at all times. The maintenance director and/or his designee will perform weekly inspections x 3 and then monthly inspections x 4 to assure that self-closing doors are not propped open. Results of these audits will be presented at CQI for further evaluation and re-commendations. Corrective action will be completed by July 3, 2012.		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 038			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Amc

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K 038	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure exit access is arranged so that exits are readily accessible at all times for one area of the facility. Findings include: Per observation on 5/22/12, accompanied by facility staff, the egress door located at the south end of the West Wing would not open when tested.	F 038 K 038	St. Albans Health and Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiency. The plan of correction is prepared and executed solely because it is required by federal and state law. Residents residing on the west wing have the potential to be affected by this deficient practice.		
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure that emergency lighting is provided in accordance with 7.9 in one area of the facility. Findings include: Per observation on 5/22/12, accompanied by facility staff, the emergency light located at the East Wing nurses' station failed to function when tested.	K 046	The emergency exit door located at the end of the west wing has been taken apart, inspected, and all moving parts cleaned and lubricated. The door was reinstalled and checked for proper operation. The maintenance director and/or his Designee will perform monthly Audits to ensure that all exit doors are in proper operation. Results of these audits will be presented at CQI for further evaluation and re- commendations.		
K 051 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in	K 051	Corrective action will be completed by July 3, 2012.		
		K 046	St. Albans Health and Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiency. The plan of correction is prepared and executed solely because it is required by federal and state law.		

K038
POC accepted
7/5/12
J Benard/anc

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FORM CMS-2567(02-99) Previous Versions Obsolete

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K 106	Continued From page 3	K 106	The maintenance director and/or his designee will perform monthly audits to ensure that all fire alarm pull stations and smoke detectors remain labeled to match the main fire alarm panel.		
	This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the generator is properly installed. Findings include: Per observation on 5/22/12, accompanied by facility staff, the temporary generator is not properly grounded.		Results of these audits will be presented at CQI for further evaluation and re-commendations.		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130	Corrective action will be completed by July 3, 2012.	12051 POC accepted 7/15/12 JB/AMC	
	This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure that the facility meets all applicable Life Safety Code standards. Findings include: 1. Per observation on 5/22/12, accompanied by facility staff, the electric bed in room W-23 near the window had broken switch components. 2. Per observation on 5/22/12, accompanied by facility staff, there appears to be a lack of adequate combustion air for the laundry room. The screens are blocked with lint and the window is being used to provide air, but was closed when the dryers were in operation.		K 106 St. Albans Health and Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiency. The plan of correction is prepared and executed solely because it is required by federal and state law.		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147	All residents have the potential to be affected by this deficient practice. A new 8 foot cooper grounding rod has been installed and the temporary power generator has been properly grounded to the ground rod. The maintenance director and/or his designee will continue to perform weekly generator inspections to assure the center has Essential Electrical System.		

Results of these audits will be presented at CQI for further evaluation and re-commendations.

Corrective action will be completed by July 3, 2012.

K106 POC accepted 7/15/12 JB/AMC

K 130 St. Albans Health and Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiency. The plan of correction is prepared and executed solely because it is required by federal and state law.

All residents have the potential to be affected by this deficient practice.

The broken lock-out box located on the bed in room W23b has been replaced with a new lock-out box.

The laundry staff will be educated on the importance of keeping the windows open for proper ventilation when the dryers are in operation per the Life Safety regulation.

The maintenance director and/or his designee will perform monthly audits x 4 months to assure that beds are in proper working order, and to assure that the laundry room has proper ventilation.

Results of these audits will be presented at CQI for further evaluation and recommendations.

Corrective action will be completed by July 3, 2012.

K130 POC accepted 7/5/12 JBenard/PME

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K 147	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2 in several areas of the facility. Findings include:</p> <p>Per observation on 5/22/12, accompanied by facility staff, the following violations were observed:</p> <ol style="list-style-type: none"> 1. There are extension cords being used as permanent power in the Business office, the Maintenance office, room W18, and in the recreation room. 2. There is a piggybacked outlet strip located under the Center Wing nurses' station. 3. There are outlets in the Center Wing medication room, for the clock in the kitchen, and under a hand washing sink in the kitchen that are not GFCI protected. 			K 147	<p>K 147 St. Albans Health and Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiency. The plan of correction is prepared and executed solely because it is required by federal and state law.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>All of the extension cords have been removed and replaced UL power strips with built in surge protectors.</p> <p>The piggybacked outlet strips have been removed and a licensed electrician has installed new power outlets closer to the workstation to eliminate the need for power strips.</p> <p>The outlets located in the center wing med room, in the kitchen, and under the handwash sink in the kitchen have been replaced with GFI outlets to Meet code.</p> <p>The maintenance director and/or his designee will perform monthly audits to assure that the center is in compliance with NFPA 70 code.</p> <p>Results of these audits will be presented at CQI for further evaluation and re-commendations.</p>		

Corrective action will be completed by
July 3, 2012.

K147 POC accepted 7/5/12 JBarndt/PMC